

Coastal Academy

Media Release

Family Members (parents and children)

1. _____
2. _____
3. _____
4. _____
5. _____

Please check one of the boxes below and sign and date the form and return it to Susan Truman at Coastal Academy. This form is valid for one year from the date of signature. Neglect to submit this form will constitute approval for images to be used.

- I give my permission for photographs or video images of my family members listed above to be used by Coastal Academy for the following items items: (please check which ones)
- Printed materials: Brochures (only images no identifying names) and yearbook
 - Website (only images no identifying names)
 - Facebook Page (public)
 - Facebook Group (secret, invited members only)
 - Instagram account (public)
- I do not give my permission for photographs or video images of my family members listed above to be used by Coastal Academy.

Signature

Date

September 2017